VR A15 (4) 15M 9/59

130

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12506

12484

1. PLACE OF DEATH o. COUNTY	hawles		MARYLAND	a. STATE	darvlar		lived. If institution b. COUNTY	on: Residence		ision)
	harles If outside corporate limite earest town)		TH OF STAY IN 16	-	TOWN (If or	utside corpor	ote limits, write R	URAL ond giv		rn)
d. NAME OF HOSPI OR INSTITUTION	a FAL (If not in haspital, gi Physicians	ve street address)	hrs.	d. STREET		otte H	18	Rural	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs Lewis		Middle		ost V	4. DATE OF DEATH	Mon Novembe		Day	Yeor 19 60
5. SEX Male	6. COLOR OR RACE	7. MARRIED A N	DIVORCED _	B. DATE OF BIR	1		9. AGE (In years lost birthdoy) 56 yrs.		YEAR IF UND	1
during most of war	ON (Give kind of work d king life, even if retired) Proprietor		BUSINESS OR INDU	JSTRY 11. BIRTHI		or foreign co Maryla		U.S	·A.	COUNTRY?
13. FATHER'S NAME	Ned Cops	RAV		14. MOTHER	S MAIDEN N		no Chrry			
	R IN U. S. ARMED FOR	ES? 16. SOCIAL S	ECURITY NO. 17.1	NFORMANT	Dal	sy Em	na Curry	ress		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	M	rs Helen	Copse	y Ch	narlotte	Hall.	Maryla	and
Conditions, if a gove rise to couse (o), stoling lying cause last.	mmediate (DUE TO	CO PO	VARY TO	HROMB	OS IS	PR.	MARY	EN IN PART I	74 (o) 19. WAS	AUTOPSY
PART II. OT									YES [ORMED?
(IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture	of injury in P	ort I ar Part	Il of item IB.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Doy, Yea	The second second second	while fo	LACE OF INJURY actory, street, offi			or town)	(Co	unty)	(State)
21. I certify the saw the deced 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	hu N.	11/12 19 Guffe	60, and that		NG ME	M, from	II f 12- the couses on STAFF PHYS.		dote state	
		H. Grif			Hughe	sville				
Burial (Specify	11/14/60	S	t. Joseph			Mon	ION (City, town, organiza,		Maryl	
24. FUNERAL DIRECTOR			DRESS	S. E.		D BY REGISTI		STRAR'S SIGN		
W.Clarke	Vettingley	Leanardt	own Marvl	and	DATELOV	1 7 '60	Ort	lun S. Th	alla	

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and the second of the second of the second	and River		
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		STATE STATE	
	Firem merhae	and particular schools in	

forwary O FUNE

VS. A15ME(5) 5M 9/55

EXAMINER'S

NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

12. CITIZEN OF WHAT COUNTRY?

Months

Reg. Dist. No.

Day

IF UNDER TYEAR

. IS RESIDENCE ON A FARM?

YES NO

Year

19

IF UNDER 24 HRS.

Min.

Address

INTERVAL BETWEEN

PERFORMED? NO [

(County) (State)

Inspection ... Inquiry and find that Homicide . Undetermined cause

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

NOV 2 2 '60

arthur & Kraus

DATE SIGNED

(State)

MARYLAND STATE DEPARTMENT OF HAND THE LARTINGRE 18

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COLUMN TO SEC.			
	The Paris of Paris of Street Co.		
	that Electric name of the Albert		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE Where degrased lived. If institution: Residence before admission) o. COUNTY files. Health, MARYLAND b. CITY OR JOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWNLIS outside corporate limits, write RURAL and give negrest town) your d of h d. NAME OF HOSPUAL OR INSTITUTION (If not in hospital, give street address) d. STREET WODRESS 3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 1 8. DATE OF BIRTH WIDOWED | DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Give Pages h farm PM3. 14. MOTHER'S 13. FATHER'S NAME 15. WAS DECEASED EVER IN.U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Illers, give war or dates of service) (Yes, no. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and/(g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part L or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection F opinion death resulted from: Natural causes | Accident . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S

e. IS RESIDENCE ON A FARM? YES NO Month 9. AGE |In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours Min. Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN DISSET AND DEATH PERFORMED? NO A (County) (Stote) Suicide . Homicide . Undetermined manner DATE SIGNED 22d. LOCATION (City, lown, or county) CO PLO REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous

Reg. Dist. No.

b. COUNTY

DEPUTY MEDICAL EXAMINER

NOV 21

VS. A15ME 5M 2/57

shau FUN

NAME (Type)

270. BURDAL, CREMATION, 226. DATE THEREOF

23 FUNERAL DIRECTOR'S SIGNATURE

AN STORTER STATES THE MERCHANTER OF THE AREA TO THE AREA TO THE MERCHANTER OF THE AREA TO 2 JOSMEDICAL EXAMINER'S CERTIFICATE OF BEATH M. T. T. T. T. T. . '.

1. PLACE OF DEATH

Charles

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scessory,	r. Page 4)	to buriol,	(
deloy is ne	ol directo	15.	In lor	
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24 hours c	Poges 1, 2	ode 5 moy	a poges !	(
ed within	18. Give	n PM3. Pc	ermit. File	
be execut	il in Item	with form	d-tronsit p	
te should	" in penc	fice olong	os o buric	
is certifico	"pending	niner's Of	be used	
AINER: Th	the word	dicol Exor	ge 3 should	
CAL EXAN	te, writing	Chief Me	CTOR: Pog	
ITY MEDIC	e certifico	No the	DIRE	ovol.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessory, please exe	cute the	forwar	TO FUNE CORECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registration for to burial, cremation	or remo

2 2	(NA)	Charles * Maryland b. COUNTY Charles
rage A	(IAI)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
, r		La Plata One Minute X Port Tobacco (Rural)
or to	n/.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
9 2	061	Physicans Memorial Hospital YES NO
your		3. NAME OF DECEASED (Type or print) S. ALBERT Middle NICKLE OF DEATH // 1960
for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IFUNDER 1YEAR IF UNDER 24 HR
th t		Male White WIDOWED DIVORCED Nov. 18, 1905 Norths Days Hours Min.
be reto	,	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Dealer Reality 11. BIRTHPLACE (State or foreign country) Fla. 12. CITIZEN OF WHAT COUNTR U°S.A.
1, 2, moy b	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
16 W 0		J. Albert H. Mickler Catherine Brown
Poge 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service)
≥ . "		Unknown 218 - 38 - 534 rs. Dorothy Mickler - Port Tobacco, Md.
PM3.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
E E		PART I. DEATH WAS CAUSED BY: ME MONRY AGE
h fo		DUE TO
with I-tron		Conditions, if any, which is Junior track of abdance 11-14-
long		gave rise to immediate cause (a), stating the underlying DUE TO
40 7		couse last. (c)
's Office used os o	C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
per iner		200. EXTERNAL CAUSE WAS PRIMARY DOF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) SHOT IN A DOME NE GREEN CAUSE OF DEATH.
Exom should		5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Medicol Poge 3 st		Haur a. m. While Not while foctory, street, affice bldg., etc.)
P A B		21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find the
the Chief	1	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
to the	1	SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
N. Or	lovome	EXAMINER'S NAME (Type) FILT FOELEN DEPUTY MEDICAL EXAMINER 11-10-60
for FU	20	22c. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
10		Burial 7 11/27/1960 Mt. Olivet Cemetery Washington, D.C.
A15ME((5)	23. FUNEDA DIRECTOR'S STONATURE
M 9/55		Archart Funeral Home, Inc Wa Plata, Md. DATENOV 21'60 Gailor & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

o. STATE Maryland

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

b. COUNTY

12509 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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12510 the funeral arrector, 2 shauld be filed with

o. COUNTY	narles		MARYLAN		a. STATE	rvla			UNTY	Char		e admissi	ionj
RURAL and give ne	f autside carporate lime arest tawn)	its, write	c. LENGTH OF STAY IN 1	1ь	c. CITY OR TO	WN (IF ou			write RUI	RAL and g	jive nea	rest town)
OR INSTITUTION	AL (If not in hospital,				d. STREET ADD								PARM?
3. NAME OF DECEASED (Type or print)	Jos	seph	Middle Francis		Posey		4. DATE OF DEATH	Nove		15,	196	0 1	rear
5. SEX Male	white	WIDOWE]]	November			9. AGE (In last birt	1 1		Days	Hours 11	Min.
10a. USUAL OCCUPATIOn during most of work None	ON (Give kind of work ring life, even if retired	1)	KIND OF BUSINESS OR IN		La F	Plata	, Mar			12. CITI	ZEN OF US		OUNTRY?
John	Hyde Pose			17, INFOI	Caroly			chell	Addres				
	(If yes, give war or dates of	service)	none		. John	Н. Р	osey,	La P		2.7	yla	nd	
Conditions, if a gave rise to it cause (a), stating lying cause last.	the <u>under-</u>	b) D	ONTRIBUTING TO DEATH	1	T RELATED TO T	HE TERMIN	EKS.	Ges	ON GIVE	N IN PAR	T 1(o) 1	9. WAS PERFO	AUTOPSY RMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	inter nature of i	njury in P	art I or Pari	II of item	18.)			,,,,	
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	Nat while at wark	e. PLACE factory	OF INJURY (Ho , street, affice b	ome, farm, oldg., etc.	20f. (City	or town)		(0	County)		(State)
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		J. J.	ed the deceased from 1960, and the M.D.		ATTENDING PHYS. 22d. ADDRESS	ME DIF		STAFF PHYS.				stated	we) last abave. b. DATE SIGNED
23a. BURIAL, CREMATIO PRIMOVAL Specify) PUTTAL 24. FUNERAL DIRECTOR Arch	11-15- ESIGNATURE Fu	60 nera	23c. NAME OF CEMETER St. Ignat	ius	2	So. REC'E	Bel Bel D BY REGIST	Altor	n. REGIST	ryla			e)
2066	6234X	(V)	e, La Plata,	Mar	y Land	DATE IN	107 2 1	00	- Ct	ribuy 2	d. 764	ULA.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

D FUNER. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO FUNER VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12489

a. COUNTY	Charles	LAND 2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles							
b. CITY OR TO RURAL and La P	OWN (If outside corporate limit give nearest tawn) Lata	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pisgah						
d. NAME OF OR INSTITU	HOSPITAL (If not in haspital, a				d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	THOMA	5	Middle Jefferson	VAI	V PELT	4. DATE OF DEATH	Non	th	Day	Year 19 6 C
S. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCE	-	agust 6 , 19	909	AGE (In years last birthdoy) 51 yrs.	Months Do	_	+
Steam F		one 10b.	KIND OF BUSINESS O Constructi	on	Washington	1 , D.C			OF WHAT	COUNTRY?
13. FATHER'S NA				1	4. MOTHER'S MAIDEN N	AME				
Elmer	Van Pelt				Maryetta	(Unka	nown)			
1S. WAS DECEAS	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INFO	RMANT		Add	ress	10.14	-1700
No	in yes, give way or const or si	5	77-16-2636	Mrs.	Helen Van Pe	elt- Pi	sgah .	Marylan	ıd	
Candition gove rise cause (a), s lying cause	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO s, if ony, which to immediate toting the under- e lost. II. OTHER SIGNIFICANT CONI		Brocc.	ATH BUT NO	4	NAL DISEASE			a) 19. WAS	AUTOPSY
CATIO									PERF	ORMED?
OR CONTRIE	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (E	inter noture of injury in P	ort I or Port	II of item 18.)			
20c. TIME OF	INJURY Month, Day, Yeo o.m. p.m. 19	While	NJURY OCCURRED Not while of wark		OF INJURY (Home, farm, , street, office bldg., etc.		or town)	(Cour	nty)	(Stote)
	AN'S	ortend -3 c Lu			ATTENDINGME	_	he causes an			
23a. BURIAL, CRE REMOVAL (S Buria	MATION. 23b. DATE THEREO		23c. NAME OF CEM		REMATORY al Gardens	23d. LOCATION	on (City, town,	or county)	(Sto	ite)
24. FUNERAL DI	regard In	ren	Aportss me) me	250. REC'I	BY REGISTR	AR 2Sb. REGI	STRAR'S SIGNA		

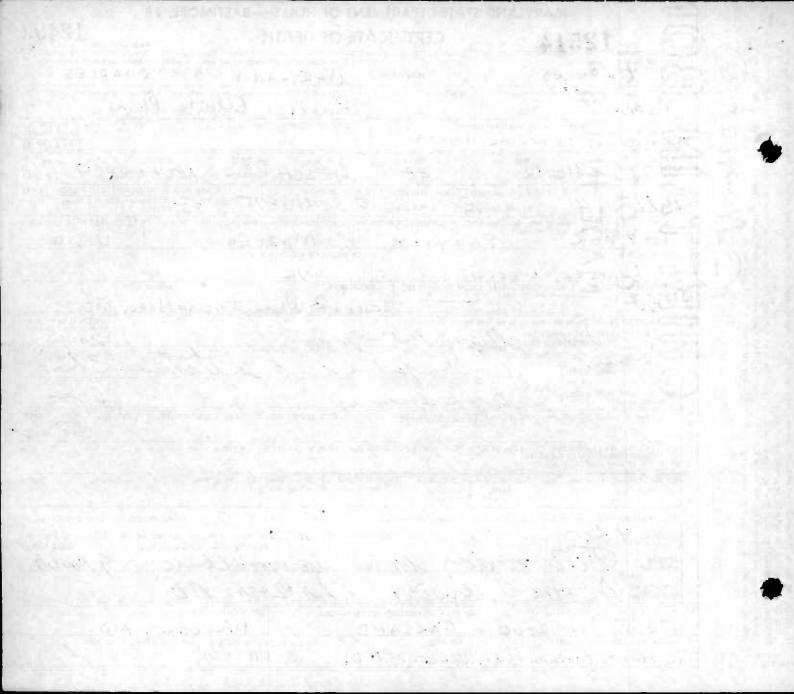
12011 TOTAL TOTAL STATE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12490
12512 CERTIFICATE OF DEATH Rog. Dist. No.	
1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before so STATE) D. COUNTY D. COU	re odmission)
b. CITY OF TOWN (If outside corporate limits, write RURAL ond give necessary town) LONG LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b RURAL ond give necessary town)	arest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) VIOLA BRISCO & WARREN 4. DATE Month Do OF DEATH 11 30	
1- C WIDOWED DIVORCED 6-19-1895 65 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Torogen country) 12. CITIZEN O	OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENSON 14. MOTHER'S MAIDEN NAME HENSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] (If yes, give war or dates of service)	
	ERVAL BETWEEN SET AND DEATH
420. / DUE TO	
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b) DUE TO (c)	
, (4)	9. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) 20c. TIME OF INJURY Month, Doy, Year While Not while of work of wo	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work at wark at	(State)
21. I certify that I attended the deceased fram. 6 - 10 , 1960, ta 11- 30 , 1960, that I last so	
alive on, and that death accurred at, M, from the causes and an the da ACTUAL SIGNATURE	DATE SIGNED
PHYSICIAN'S ELT J. EDELCIV M-W.	
220. BURIAL CREMATION; 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL Specify) 12-3-60 ZION BAPTIST CHARLES CA	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 913-419 AVE 240. REC'D BY REGISTRAR'S SIGNATURE DEC 7 60	RE

CERTIFICATE OF DEATH attended to the second of the

1		Ft	em 21 Film 27 MARYLAND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE.	18	
			12513 MEDICAL EXAMINER				12491
FOR S		_				Reg. Dist. No	
HEALIH	DEPT.	1.	PLACE OF DEATH		nere deceased lived. If institut		ore odmission)
S. S	2		charles MARYLANI	o. STATE Md.	b. COUNTY	Charles	
Files Heal	M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (IF o	outside corporate limits, write	THE RESERVE AND DESCRIPTION OF THE PARTY OF	earest town)
thor our	V		Walderf	Waldorf	rural		
dire.	7		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
d b	1.						YES NO
une	X	3.	NAME OF First Middle	Lost 4	. DATE Month	Day	Year
de se	1		(Type or print) Mary L. Rebecca Washington		DEATH November	1.3 1960	19
of the		5.	SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE [In years last birthday]	IFUNDER TYEAR	IF UNDER 24 HRS.
Will Will			F negro WIDOWED DIVORCED	May 6 1910	50 yrs.	Months Days	Hours Min.
one one of d		10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if refired)	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN O	F WHAT COUNTRY?
Page			housewife	Maryla	nd	US	Δ.
Se Car		1:	FATHER'S NAME	14. MOTHER'S MAIDEN NA			
Pog Pog	I	1)	William Chapman	Annette 1	Hawkins		
t ho		1		INFORMANT	Address		
Om The		1"	n, ne, er unknown) (If yes, give wor or detes of service)	Walter Washing	ton, Walderf.	Md	
1 8 E		-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) fond (c).]	1	4	INTE	VAL BETWEEN
de lon on o			PART I. DEATH WAS CAUSED BY:	TRACTU	BES	J.	TAND DEATH
in in it			983 X DUE TO -			16	The second second
Office and a second			Conditions, if ony, which) (b) C/	L. L.			
d d d			gave rise to immediate cause (a), stating the underlying DUE TO	0.1	, %		
ning of			couse last. (c) C 1 Sef / N C.	Populars	TE SKUL	L 11	1-13-60
ding Sing		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(o)	9. WAS AUTOPSY PERFORMED?
Ficol Pendo of Pendo	10	15					YES NO
dedi.	V.	CEPTIE	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO	(Enter nature of injury in Part I	or Fart II of item 18.)		0
wor with				ALLINE	SE HEAV	Y SHA	RT IN-H
The sho o		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
Ne ng		ME	19 m. If of 19 (at work at work)	ANNU	WALDOAD	CHA	2. Med
Pog Pr			21. Preftity that I took charge of the remains described at	ove, held on Autopsy	, Inspection ,	Inquiry [, and in my
EX.	1		opinion death resulted from: Natural causes . Accident	, Suicide , He	omicide XI. Undeter	rmined monne	er 🗌
A CT			1/7. 1.0				
FDIC forv)		ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXA	MINER		DATE SIGNED
Z e Z		1	EXAMINER'S & FOR THE STATE OF T	ASSISTANT MEDICAL	EXAMINER [
Para de Se			NAME (Type)	DEPUTY MEDICAL EX	AMINER .	11-	16-60
Should sh		27	BURIAL, CREMATION. 22b/DATE THEREOF / 22c. NAME OF CEMETERY CREMOVAL (Specify)	OR CREMATORY	22d. LOCATION (City, town, o	r county)	(State)
0 40 0	9	-	burial 11-18-1960 St. Peters I	Semetery .	Waldorf, Md		
VS. A15ME	11,	23	. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D	BY REGISTRAR Z46. REGIS	TRAR'S SIGNATUL	
5M 2/57	0		Huntt Funeral Home, Waldorf. Md.	DATE N	OV 21 '60	Inches & The	Adda

MEDICAL ESCANTINES CERTIFICATE OR DEATH A STATE OF THE STATE OF THE STATE OF Company of the state of the sta Party, Sures and James, Cal. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 12493

1, PLACE OF DEATH Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATEMd. b. COUNTY Char	
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest town) T.a. Plata	c. CITY OR TOWN (If autside corporate limits, write RURAL and a Bryantown	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial Hospital	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Isac Young	Lost 4. DATE Month OF DEATH NOVember 7	1960 Year
37	lost Mith dout	YEAR IF UNDER 24 HRS. ays Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GOV	TRY 11. SIRTHPLACE (State or foreign country) Maryland US	EN OF WHAT COUNTRY?
13. FATHER'S NAME James Young	14. MOTHER'S MAIDEN NAME Ida Marshall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You no, or unknown] [It yes, give war or dates at service] Yes WWL 17. II	Mary Julia Young, Bryantown, N	[d.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c)	HROMBOSIS, MASSIVE	ONSET AND DEATH LINESTA NTH NECL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		YES NO
CAUSE OF DEATH.	Enter nature of injury in Part 1 or Port 11 of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Hour o. m. p. m. 19 While Nat while facts at wark et work	CE OF INJURY (Home, farm, 20f. (City or town) (Cauni ory, street, affice bldg., etc.)	(State)
21. I certify that I took charge of the remains described abo apinian death resulted fram: Natural causes . Accident [ACTUAL SIGNATURE		,
220. BURIAL, CREMATION, Park DATE THEREOF PURISH PROPERTY OF REMOVAL (Specify) Burial 11-11-69 St. Marys Cem	CREMATORY 22d. LOCATION (City. town, or county) Letery Bryantown Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huntt Funeral Home. Waldorf Md	DATE NOV 1 4 '60 Colons &.	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the foneral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retrictly for your files.

TO FUNEN DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the St. Joord of Health, ar its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

LIBSTS MEDICAL EXAMINER'S DERTIFICATE OF DEATH MARTINES TO STATE OF .bu (mosarce , montant) ut. mistrate the heart of missian contract and the sale of the contract of the con